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CONFIRMATION NO. 2293

<b>SERIAL NUMBER</b> 09/865,048	<b>FILING OR 371(c) DATE</b> 05/24/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 890- 2FWC/CIP/CPA/CON	
<b>APPLICANTS</b> Leon W.M.M. Terstappen, Huntingdon Valley, PA; Ton Logtenberg, Utrecht, NETHERLANDS;  <b>** CONTINUING DATA *****</b> This application is a CON of 09/085,072 05/26/1998 PAT 6,265,150 which is a CIP of 08/932,892 09/18/1997 ABN which is a CON of 08/483,633 06/07/1995 ABN  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23869					
<b>TITLE</b> PHAGE ANTIBODIES					
<b>FILING FEE RECEIVED</b> 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		